August 2013 DUR Board Meeting Minutes

Date: August 28, 2013
Members Present: Lisa Sather, Caldwell, Crichton, Burton, Brown, Bradley, Maxwell, Cobb (phone)
Others Present: Dave Campana, Katie Hawkins and Dan Peterson from Medicaid, Toner, Woodmansey, and Barnhill Drug PA/Case Management, and representatives of the public and drug manufacturers.
Lisa Sather opened the meeting.
Public Comment:
Matt Kuntz with WAMI Montana testified about the ongoing need for open access to mental health medications for Montana Medicaid patients.
Meeting Minute Review:
The Board reviewed the June meeting minutes. The minutes were approved.
Department Update:
Dave Campana gave the Board the following update:
Pharmacist vaccines administration fee has been implemented with notice of the procedure for pharmacists to properly bill given through the pharmacy association and on the Montana Medicaid website.
The Healthy Montana Kids prescriptions will begin being processed through Xerox starting October 1, 2013. Currently this program is administered by Blue Cross Blue Shield who will retain the medical claims processing. Recipient notice is going out on September 5, 2013 and is available on the Department website (mtmedicaid.org). Changes to the program include co-pay exemption, coverage of fluoride products, the prior authorization and formulary program will mirror the current Medicaid program, as will the program's rules and reimbursement.
Case Management Psychotropic Foster Care Update/Pediatric Criteria Discussion:
Ashley Toner, the Pharmacy Case Manger for the Foster Care Program, gave an update to the Board on the evolution of this program over the first year. She presented data on trends she has found and how she has been able to successfully interact with providers and caregivers. She also presented some additional information involving the entire Montana Medicaid population under 18 years of age with regard to atypical antipsychotics. In conjunction with her presentation she proposed prior authorization criteria for Medicaid children 6 years of age and younger. She reviewed with the Board a form she has developed to assist the prescriber with this prior authorization. It will include:

- Atypical antipsychotic medication/dose/frequency
- Indication for treatment (diagnosis/target symptoms)
- Safety monitoring information (fasting blood sugar, lipid, weight)
- Medication regimen
- Basic information on psychosocial services
- Follow up plan
- Informed consent signed by legal guardian and prescriber

The Board approved the implementation of this prior authorization for Montana Medicaid children.
Clozaril® Co-Pay Exemption Discussion:
Dave Campana proposed a recommendation from the Department that patients who had been on clozapine for over a year would no longer have a co pay waiver. After a full Board discussion, the decision was to recommend that the Department continue with the current co-pay waiver for all clozapine prescriptions.
Concurrent Use of Atypical Injectables with Oral Agents Discussion:
Marcella Barnhill, Pharmacy Case Management, presented the current statistics on the use of injectable atypical antipsychotics concurrently with oral agents.
Sherrill Brown provided a literature search of studies and other clinical information available with regard to concurrent use and first episode treatment. Montana's concurrent use mirrors the studies Sherrill presented. The Board encouraged the current requirement of non-compliance be made less restrictive with regard to patients who could benefit from the injections and encouraged continued review for appropriate treatment.

Criteria Development:

- Testosterone Products:

  Angie Woodmansey, Case Management Pharmacist, presented a review of Medicaid's paid claims for testosterone products. She showed volume of paid claims by specific product, prescriber, incidence of blood testing, age, gender and diagnosis. The Board concurred with the following recommended criteria:

  1. Diagnosis must include primary testicular hypogonadism, secondary (pituitary-hypothalmic) hypogonadism or in a certain type of breast cancer which indicates the use of testosterone (oncologist requested).
  2. Patient must have at least 2 below normal testosterone levels (drawn before 10 am on two separate days).
  3. Reauthorization will be required annually. Approval will be made based on assessment that symptoms have responded to treatment, are not experiencing any adverse effects and have a current lab showing normal therapeutic range.

- Diclegis®:

  1. Patient must be pregnant and have failed conservative management.
  2. Maximum daily dose of 4 tablets.
  3. Patients beyond their first trimester will be referred to case management to acquire more information.

  The Department will review the possibility of eligible patients obtaining coverage for OTC doxylamine.

- Kynamro®:

  1. Patient must be 18 years old or older.
  2. Approval requires a diagnosis of homozygous familial hypercholesterolemia (HoFH)
  3. Approval will be limited to 4 vials per month.

  The Board discussed the trending of the drug industry toward new technology. Many of these medications are coming on to the market as orphan drugs without a place in medical guidelines. The Board would like to be included in the approval process of these cases as they come up.

- Ketoconazole:

  After considering the new FDA warnings and recommendations, the Board approved the following changes to the approval of ketoconazole

  - Montana Medicaid will change the preferred drug list status from preferred to non-preferred.
  - Current patients will be allowed a two week transition period to switch to an alternative preferred oral agent.
  - Requests for ongoing use or new starts of ketoconazole will require the following prior authorization:
    1. Patient must have a diagnosis of life-threatening or endemic mycoses and no alternative is available or tolerated.
    2. Patient must not have acute or chronic liver disease. Baseline LFT is required and monitoring of ALT levels weekly.
    3. Monitor adrenal function in patients with adrenal insufficiency or borderline adrenal function and in patients under prolonged stress.
    4. Review will be done on all concomitant medications for potential drug interactions.
    5. PA will be granted for 2 months and will require update with progress and LFT at the time of update.

Short Acting Opiates Quantity Limit and Utilization Review (oxycodone):

Dave Campana presented usage figures for short acting opiates in the Montana Medicaid population. At this time Medicaid does not have any specific restrictions on any of the short acting opiates. The data showed some prescriptions with very large quantities. After discussion, the Board decided to implement a process to begin limiting the quantity allowed each month. Providers will be notified prior to implementation of this plan. The initial step will take place by limiting oxycodone immediate release to not more than 240 tablets per month. Quantities larger than that will require PA.

The next meeting will be announced after polling the Board.
The meeting was adjourned at 4:00 PM.